IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Felton et al.	Atty. Docket: 2550/176
Serial No.: 10/657,741	Art Unit: 2856
Filing Date: September 8, 2003	Date: October 25, 2004
Invention: WAFER LEVEL CAPPED SENSOR	Examiner: Daniel S. Larkin

****

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450 Alexandria, VA 22313-1450 on October 25, 2004.

Steven G. Saunders

****

AMENDMENT

Sir:

In response to the office action dated July 7, 2004, please amend the above-identified patent application as follows:

Amendments to the Specification begin on page 2 of this paper and include 1) a first attached substitute specification with markups, and 2) a second attached substitute specification without markups.

Amendments to the Claims are listed beginning on page 3 of this paper.

Amendments to the Drawings begin on page 5 of this paper and include an attached replacement sheet.

Remarks begin on page 6 of this paper.

inappropriate in view of 35 USC §103(c), which states that "subject matter developed by another person, which qualifies as prior art only under one or more of subsections (e), (f), and (g) of section 102 of this title, shall not preclude patentability under this section where the subject matter and the claimed invention were, at the time the invention was made, owned by the same person or subject to an obligation of assignment to the same person."
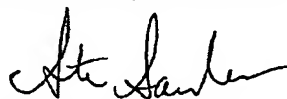
In this case, at the time the invention of this application was made, it was subject to an obligation of assignment to Analog Devices, Inc. In like fashion, at that same time, Karpman either was owned by Analog Devices, Inc., or subject to an obligation of assignment to Analog Devices, Inc. Accordingly, the rejection of Claim 11 is improper, and Claim 11 is allowable in view of the cited art. In addition, Claims 12-16, which depend from Claim 11, also are allowable for the same reasons.

Applicants also note that a Supplemental Information Disclosure Statement is enclosed with this Amendment.

The application thus is in condition for allowance and such action is earnestly solicited. Applicants request that the Examiner contact the undersigned, Steven Saunders, if it will assist examination of the pending claims.

Applicants also request a one month extension of time. Please charge the fee to deposit account number 19-4972.

Respectfully submitted,

Steven G. Saunders
Registration No. 36,265

02550/00176 341693.1

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

2550/176

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20=	* 0
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐ **OR** **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

OTHER THAN

SMALL ENTITY   **OR**   **SMALL ENTITY**

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 6	Minus	** 20	=
Independent	* 1	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY